



TEXAS
**Department of Family
and Protective Services**

Child Protective Services

Texas Service Levels Resource Guide

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Contents

Texas Service Levels	4
Definitions of Service Levels	4
Basic Service Level	4
<i>Children Who Need Basic Services</i>	4
Moderate Service Level	4
<i>Children Who Need Moderate Services</i>	5
Specialized Service Level	5
<i>Children Who Need Specialized Services</i>	6
Intense Service Level	6
<i>Children Who Need Intense Services</i>	7
Intense-Plus Service Level	7
<i>Children Who Need Intense-Plus Services</i>	9
Definitions	9
Service Level Standards for Foster Caregivers	12
Supervision	12
Child-To-Caregiver Ratio	15
Medical Care	16
Recreation	19
Education	21
Service Plans	24
Training	27
Personnel	30
Obtaining an Initial Service Level Authorization (ASL)	32
Retroactive Service Level Authorization	32
Obtaining a Retroactive Service Level	32
Appealing Disagreements with ASL	33

Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides *does not substitute for policy*. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy.

For example:

Per 4222.2 Re-Allowing Placement:

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. If you have questions, always follow the policy in the Policy Handbook.

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- Make essential decisions;
- Develop strategies to address various issues;
- Perform essential procedures;
- Understand important processes; and
- Identify and apply best practices.

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

Texas Service Levels

See [4400](#) Texas Service Levels System and its sub-items.

Definitions of Service Levels

Basic Service Level

The Basic Service Level consists of a supportive setting, preferably in a family that is able to maintain or improve the child's functioning. The family should be able to provide:

- Routine guidance and supervision to ensure the child's safety and sense of security.
- Affection, reassurance, and involvement in activities appropriate to the child's age and development to promote the child's well-being.
- Contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child in order to maintain a sense of identity and culture.
- Access on an as-needed basis to therapeutic, habilitative, and medical intervention, and guidance from professionals or paraprofessionals to help the child maintain functioning appropriate to the child's age and development.

DFPS Rules, 40 TAC [§700.2301](#)

Children Who Need Basic Services

Children who will benefit from basic services are those who are capable of responding to limit-setting or other interventions. Children whose needs are appropriate for basic services may exhibit one or more of the following characteristics:

- Temporary difficulties and occasional misbehavior.
- Brief episodes of acting out in response to stress.
- Behavior that is minimally disturbing to others, but is considered typical for the child's age and can be corrected.
- Developmental delays or intellectual disabilities whose characteristics include minor to moderate difficulties with conceptual, social, and practical adaptive skills.

DFPS Rules, 40 TAC [§700.2303](#)

Moderate Service Level

The Moderate Service Level consists of a structured supportive setting, preferably in a family, in which most activities are designed to improve the child's functioning including:

- More than routine guidance and supervision to ensure the child's safety and sense of security.
- Affection, reassurance, and involvement in structured activities appropriate to the child's age and development to promote the child's well-being;
- Contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child attain or maintain functioning appropriate to the child's age and development.

In addition to the description above, a child with primary medical or habilitative needs may require intermittent interventions from a skilled caregiver who has demonstrated competence.

DFPS Rules, 40 TAC [§700.2321](#)

Children Who Need Moderate Services

Children who need moderate services have problems in one or more areas of functioning, including behaviors such as:

- Frequent nonviolent, anti-social acts.
- Occasional physical aggression.
- Minor self-injurious actions.
- Difficulties that present a moderate risk of harm to self or others.
- Abuse of alcohol, drugs, or other consciousness-altering substances.
- The extent or frequency of the substance abuse places the child at risk for substantial problems.
- A historical diagnosis of substance abuse or dependency requires regular community support through groups or similar interventions.
- Developmental delays or intellectual disabilities marked by:
 - Moderate to substantial difficulties with conceptual, social, and practical adaptive skills, including daily living and self-care.
 - Moderate impairment in communication, cognition, or expressions of affect.
- Primary medical or habilitative needs including assistance with:
 - Occasional exacerbations or intermittent interventions related to the diagnosed medical condition.
 - Limited daily living and self-care skills.
 - Ambulation.
 - Daily access to on-call, skilled caregivers with demonstrated competency.

DFPS Rules, 40 TAC [§700.2323](#)

Specialized Service Level

The Specialized Service Level consists of a treatment setting, preferably in a family, in which caregivers have specialized training to provide therapeutic, habilitative, and medical support and interventions including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes close monitoring and increased limit-setting.
- Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being.
- Contact, in a manner that is in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture.
- Therapeutic, habilitative, and medical intervention and guidance that is regularly scheduled and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development.

In addition to the description above, a child with primary medical or habilitative needs may require regular interventions from a caregiver who has demonstrated competence.

DFPS Rules, 40 TAC [§700.2341](#)

Children Who Need Specialized Services

Children who need specialized services have severe problems in one or more areas of functioning, including behaviors such as:

- Unpredictable nonviolent, anti-social acts.
- Frequent or unpredictable physical aggression.
- Marked withdrawal or isolation.
- Major self-injurious actions, including recent suicide attempts.
- Difficulties that present a significant risk of harm to self or others.
- Abuse of alcohol, drugs, or other conscious-altering substances that results in:
 - Severe impairment.
 - A primary diagnosis of substance abuse or dependency.

Developmental delays or intellectual disabilities marked by:

- Severely impaired conceptual, social, and practical adaptive skills, including daily living and self-care.
- Severe impairment in communication, cognition, or expressions of affect.
- Lack of motivation or the inability to complete self-care activities or participate in social activities.
- Inability to respond appropriately to an emergency.
- Multiple physical disabilities including sensory impairments.

Primary medical or habilitative needs that require assistance related to:

- Regular or frequent exacerbations or interventions related to the diagnosed medical condition.
- Severely limited daily living and self-care skills.
- Ambulation or confinement to a bed.
- Constant access to on-site, medically skilled caregivers with demonstrated competencies in the interventions needed by children in their care.

DFPS Rules, 40 TAC [§700.2343](#)

Intense Service Level

The Intense Service Level consists of a high degree of structure, preferably in a family, to limit the child's access to environments, as necessary to protect the child. The caregivers have specialized training to provide intense therapeutic and habilitative supports and interventions with limited outside access, including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring and the ability to provide immediate on-site response.
- Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being.
- Contact, in a manner that is in the child's best interest, with family members and other persons significant to the child in order to maintain a sense of identity and culture.
- Therapeutic, habilitative, and medical intervention and guidance that is frequently scheduled and professionally designed and supervised to help the child achieve functioning more appropriate to the child's age and development.

- Consistent and frequent attention, direction, and assistance to help the child achieve stabilization and connect appropriately with the child's environment.

In addition to the description above, a child with developmental delays or intellectual disabilities needs professionally directed, designed, and monitored interventions to enhance:

- Mobility.
- Communication.
- Sensory, motor, and cognitive development.
- Self-help skills.

A child with primary medical or habilitative needs requires frequent and consistent interventions. The child may be dependent on people or technology for accommodation and require interventions designed, monitored, or approved by an appropriately constituted interdisciplinary team.

DFPS Rules, 40 TAC [§700.2361](#)

Children Who Need Intense Services

Children who need intense services have severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others, such as behaviors that include:

- Extreme physical aggression that causes harm.
- Recurring major self-injurious actions, including suicide attempts.
- Other difficulties that present a critical risk of harm to self or others.
- Severely impaired reality-testing, communication skills, cognition, expressions of affect, or personal hygiene.

Abuse of alcohol, drugs, or other conscious-altering substances that involves a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm.

Developmental delays or intellectual disabilities marked by:

- Impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others.
- A consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.

Primary medical or habilitative needs that present an imminent and critical medical risk and require assistance with:

- Frequent acute exacerbations and chronic, intensive interventions related to the diagnosed medical condition.
- Inability to perform daily living or self-care skills.
- 24-hour on-site medical supervision to sustain life support.

DFPS Rules, 40 TAC [§700.2363](#)

Intense-Plus Service Level

The Intense-Plus Service Level is only available in Residential Treatment Centers and consists of a high degree of structure to support the child in his or her environment while intervening as

necessary to protect the child. The caregivers have specialized training specific to the child's characteristics. The therapists on staff have professional licensure or graduate level education to provide therapeutic services, intense therapeutic supports and interventions, including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes scheduled frequent assessments to determine the appropriate level of supervision to meet the child's individual needs and behaviors. Supervision must be provided from staff who are knowledgeable of the child's needs and behaviors and are skilled in providing therapeutic interventions determined by the treatment team as most appropriate for the child, including the ability to provide on-site response when required.
- Participation in individual and group therapy sessions that are research-supported, reimbursable by Medicaid, and readily available in the community. These include but are not limited to specialized therapies such as Eye Movement Desensitization and Reprocessing Therapy, Applied Behavior Analysis (certified), Treatment for Anorexia/Bulimia/Eating Disorders, and others as appropriate.
- Use therapeutic programs that are documented as either well supported, supported, promising practice or evidence based and are appropriate to the child's age and development to promote the child's well-being. Therapy must address trauma and the behaviors resulting in the need for Intense- Plus level of care.
- Contact with siblings, family members, and other persons significant to the child in order to maintain a sense of identity and culture.
- Services to help the child learn or improve skills and functioning for daily living.
- Medical intervention and therapy that is structured daily and professionally designed and supervised to help the child attain functioning more appropriate to the child's age and development and to address the behaviors resulting in the need for Intense-Plus services.
- Consistent and constant direction, intervention, and structured support to help the child attain stabilization and connect appropriately with the child's environment.
- Professionally directed, designed, and monitored interventions for a child with intellectual or developmental disabilities, to enhance mobility, communication, sensory, motor, cognitive development, behavioral and self-help skills.

DFPS Rules, 40 TAC [§700.2365](#)

Children Who Need Intense-Plus Services

A child needing Intense-Plus services has severe problems in two or more areas of functioning that present an extreme, imminent and critical danger of harm to self or others. A child needing Intense-Plus services may include more than one of the following characteristics:

- Has extreme and reoccurring episodes of physical aggression that causes harm.
- Has extreme and reoccurring episodes of sexually aggressive behaviors.
- Has assaultive, homicidal, suicidal, recurring major self-injurious actions.
- Has chronic runaway behaviors.
- Has severely impaired reality testing, communication skills, and cognition.
- Abuses alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency or abuse in addition to being extremely aggressive or self-destructive to the point of causing harm.
- Has eating disorders causing concerns for health and well-being.
- Has intellectual or developmental disabilities whose characteristics include:
 - Impairments so extreme in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others.
 - A consistent inability or unwillingness to cooperate in self-care while requiring, constant one-to-one supervision for the safety of self or others.
 - Is actively psychotic and has acted out on the psychosis.
 - Is a survivor of human or sex trafficking, including any exposure to or risk of human trafficking. See [Human Trafficking](#) webpage for more information.
 - Has chronic criminal behaviors that result in current or recent involvement with the justice system.
 - Has displayed animal cruelty in the last 90 days.

DFPS Rules, 40 TAC [§700.2367](#)

Definitions

Term	Definition
Authorized service level (ASL)	<ul style="list-style-type: none"> • A Basic, Moderate, Specialized, Intense, or Intense Plus service level determined by the third party contractor. • A Basic service level determined by the CPS caseworker and supervisor. • The authorized service level is based on information concerning the child's service needs as outlined in the Texas Administrative Code as follows:

Term	Definition
	<p>Basic Service Level: 40 TAC §700.2301, §700.2303, Moderate Service Level: 40 TAC §700.2321, §700.2323, Specialized Service Level: 40 TAC §700.2341, §700.2343, Intense Service Level: 40 TAC §700.2361, and §700.2363. Intense-Plus Service Level: 40 TAC §700.2365, and §700.2367</p>
Billing service level (BSL)	Determined by the third party contractor or CPS; establishes the foster care reimbursement rate to a child care facility.
Caregiver	The person responsible for the child's direct care.
Desk review	A scheduled utilization review that the third party contractor completes by mail instead of by an onsite visit.
Facility	In this section only, a facility is a contracted residential provider or a CPS foster home providing foster care to children in CPS conservatorship.
Non-scheduled utilization review	<p>A utilization review completed by the third party contractor issuing an authorized service level that is outside of the scheduled utilization review when:</p> <ul style="list-style-type: none"> • A child's needs change and require a different service level. • An authorized service level (ASL) is expiring before the next regularly scheduled utilization review (UR).

Term	Definition
	<p>A facility may request a non-scheduled utilization review requesting a higher service level only through the child's CPS caseworker. A facility may request a non-scheduled utilization review if the child's ASL has expired or will soon expire.</p>
Provider	<p>The facility or agency responsible for supervising and training the caregivers.</p>
Requested service level (RSL)	<p>The service level a child's caseworker requests based on the caseworker's assessment of the child's service needs.</p>
Service level	<p>Basic, Moderate, Specialized, Intense or Intense Plus. See Characteristics and Definitions of Service Levels contained within:</p> <p>Basic Service Level: 40 TAC §700.2301, §700.2303,</p> <p>Moderate Service Level: 40 TAC §700.2321, §700.2323,</p> <p>Specialized Service Level: 40 TAC §700.2341, §700.2343,</p> <p>Intense Service Level: 40 TAC §700.2361, and §700.2363.</p> <p>Intense-Plus Service Level: 40 TAC §700.2365, and §700.2367</p>
Third party contractor	<p>An organization that contracts with CPS to:</p> <ul style="list-style-type: none"> • Monitor facilities for compliance with the service level system indicators. • Determine initial and subsequent authorized service levels.

Term	Definition
Utilization review (UR)	A regularly scheduled review of a child's authorized service level (ASL) that the third party contractor performs after the initial ASL is established.
UR report	A report the third party contractor issues for each child after the utilization review. Moderate Service Levels are authorized for 12 months; Specialized, Intense and Intense Plus Service Levels are authorized for 3 months.

Service Level Standards for Foster Caregivers

DFPS Rules, 40 TAC [§§700.2301](#), [700.2303](#), [700.2321](#), [700.2323](#), [700.2341](#), [700.2343](#), [700.2361](#), [700.2363](#), [700.2365](#), and [700.2367](#)

Supervision

Service Level	Supervision Requirements
Basic Service Level	<p>The caregiver:</p> <ul style="list-style-type: none"> • Provides a supportive setting, preferably a family, that is designed to maintain or improve the child's functioning by establishing clear rules appropriate to the child's developmental and functional levels. • Establishes a clear system of rewards and consequences. • Ensures the child's safety and sense of security through supervision and guidance.
Moderate Service Level	<p>In addition to the supervision required at the Basic Service Level, the caregiver provides:</p> <ul style="list-style-type: none"> • More than routine supervision with additional structure and support, preferably in a family-like setting. The supervision should include structured daily routines with clearly defined expectations. • Regular daily supervision for a child with developmental delays, intellectual disabilities, or primary medical or habilitative needs; and intermittent interventions, as

Service Level	Supervision Requirements
	<p>appropriate. Intermittent interventions typically consist of verbal guidance, assistance, and monitoring by a caregiver.</p>
Specialized Service Level	<p>In addition to the supervision required at the Moderate Service Level, the provider:</p> <ul style="list-style-type: none"> • Has a written policy statement that describes how supervision is provided and explains how the program is structured to stabilize or improve the child's functioning. • Has specialized training to provide therapeutic and habilitative support and interventions in a treatment setting. • Has an adequate number of caregivers available at all time to meet a child's needs, taking into account: <ul style="list-style-type: none"> • The child's age. • The child's medical, physical, and mental condition. • Other factors that affect the amount of supervision required. • Has written plans for the direct, continuous observation of a child who presents a significant risk of harm to self or others. • Provides close daily supervision for a child with developmental delays or intellectual disabilities. • Provides constant supervision and, as appropriate, extensive intervention, for a child with primary medical or habilitative needs. Extensive intervention typically.
Intense Service Level	<p>In addition to the supervision required at the Specialized Service Level, the caregiver:</p> <ul style="list-style-type: none"> • Has specialized training to provide intense therapeutic and habilitative support and interventions in a

Service Level	Supervision Requirements
	<p>highly structured treatment setting with little outside access.</p> <ul style="list-style-type: none"> • Has an adequate number of caregivers available to provide 24-hour supervision. • Provides 24-hour supervision for a child with developmental delays or intellectual disabilities. • Provides 24-hour close supervision and, as appropriate, frequent and continuous intervention for a child with primary medical or habilitative needs. These interventions typically consist of hands-on physical intervention, assistance, and monitoring.
Intense-Plus Service Level	<p>In addition to the supervision required at the Intense Service Level, the caregiver must have:</p> <ul style="list-style-type: none"> • An interdisciplinary team of professionals develop the individualized Child's Plan of Service (CPOS), which includes an individualized supervision plan. Supervision will be provided according to the frequency and type recommended in the CPOS. • During sleeping hours, there is an awake employee who is able to provide immediate onsite response and intervention. The child-to-caregiver ratio must meet the applicable licensing standards. (In addition, the provider will provide a plan for one awake staff and additional staff as needed to respond to immediate crisis).

Child-To-Caregiver Ratio

Refer to the following sections of the Texas Administrative Code:

[§748.1003](#)

[§748.1007](#)

[§748.1013](#)

[§748.1019](#)

Service Level	Child-To-Caregiver Ratio Requirements
Basic Service Level	<ul style="list-style-type: none"> The child-to-caregiver ratio must meet the applicable licensing standards.
Moderate Service Level	<ul style="list-style-type: none"> The child-to-caregiver ratio must meet the applicable licensing standards.
Specialized Service Level	<ul style="list-style-type: none"> The child-to-caregiver ratio must meet the applicable licensing standards. There must be a written staffing plan documenting the ability to provide awake caregivers throughout the night whenever necessary to meet the needs of a particular child.
Intense Service Level	<ul style="list-style-type: none"> During all waking hours, the child-to-caregiver ratio must be no more than five to one. During sleep hours, the child-to-caregiver ratio must meet the applicable licensing standards. There must be enough caregivers to provide 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response. The staffing patterns and assignments must be documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies.

Service Level	Child-To-Caregiver Ratio Requirements
	<ul style="list-style-type: none"> The written staffing plan documents the ability to provide a one-to-one child-to-caregiver ratio for 24 hours whenever necessary to meet the needs of a particular child.
Intense-Plus Service Level	<p>In addition to the supervision required at the Intense Service Level:</p> <ul style="list-style-type: none"> The provider must ensure that staff working directly with the youth receives information about and guidance on the youth's treatment goals and strategies for intervention as outlined in the Child's Plan of Service (CPOS). The provider must ensure that staff working with the youth are equipped with the skills to implement strategies outlined in the CPOS. This must include staff who can provide 1:1 immediate on site supervision, as needed. The staffing patterns and assignments as a result of the CPOS and supervision plan must be documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage and plans for providing backup caregivers in emergencies.

Medical Care

Service Level	Medical Care Requirements
Basic Service Level	<p>The caregiver:</p> <ul style="list-style-type: none"> Arranges for medical and dental services as determined by an agreement between the caregiver and CPS. The medical and dental services include routine services, annual check-ups, and services that are medically necessary. Documents in the child's record that the child received these services.

Service Level	Medical Care Requirements
	<ul style="list-style-type: none"> Ensures that all the medications the child needs are administered as prescribed by the physician.
Moderate Service Level	<p>The caregiver arranges for or ensures:</p> <ul style="list-style-type: none"> The same medical and dental services that are required at the Basic Service Level. Monitoring by a physician, for a child who is receiving psychotropic medication, as often as clinically necessary and appropriate. Licensed nursing services, assistance with mobility, and routine adjustment or replacement of medical equipment for a child with developmental disabilities, intellectual disabilities, or primary medical or habilitative needs.
Specialized Service Level	<p>The provider arranges for or ensures:</p> <ul style="list-style-type: none"> The same medical and dental services that are required at the Moderate Service Level. A written plan, agreement, or contract with medical personnel to provide routine medical, nursing, and psychiatric services based on the child's needs identified in the Child's Plan of Service (CPOS). The plan or agreement for medical, nursing, and psychiatric services must include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic but stable physical illnesses; and Services, as appropriate, for a child with developmental disabilities, intellectual disabilities, or primary medical or habilitative needs, including: Consistent and frequent medical attention.

Service Level	Medical Care Requirements
	<ul style="list-style-type: none"> • A skilled caregiver to provide medical assistance. • An on-call nurse to be available. • Assistance with mobility. • Administering of life-support medications and treatments.
Intense Service Level	<p>The provider arranges for or ensures:</p> <ul style="list-style-type: none"> • The same medical and dental services that are required at the Specialized Service Level. • A written plan, agreement, or contract with medical personnel to provide 24-hour, on-call medical, nursing, and psychiatric services based on the child's needs identified in the Child's Plan of Service CPOS. The plan or agreement for medical, nursing, and psychiatric services shall include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic illnesses. • Services, as appropriate, for a child with developmental disabilities, intellectual disabilities, or primary medical or habilitative needs, including: <ul style="list-style-type: none"> • 24-hour medical or nursing supervision. • 24-hour availability of nursing, medical, and psychiatric services, and one-to-one supervision while medical and dental services are being provided.
Intense-Plus Service Level	<p>In addition to the medical and dental care required at the Intense Service Level:</p> <ul style="list-style-type: none"> • The child's behavioral health care, including emergency medication, is monitored as recommended by a psychiatrist with regular medication management review.

Service Level	Medical Care Requirements
	<ul style="list-style-type: none"> The provider has a policy in place for administering emergency psychiatric and medical services to ensure for the safety, well-being, and stability of the child.

Recreation

Service Level	Recreation Requirements
Basic Service Level	<p>The caregiver:</p> <ul style="list-style-type: none"> Ensures that opportunities are available to the child to participate in community (normalcy activities, such as school sports or other extracurricular school activities, church activities, or local social events; and Organizes family activities that identify, recognize, and reinforce the support available to the child.
Moderate Service Level	<p>In addition to the recreation and leisure-time services required at the Basic Service Level, the caregiver:</p> <ul style="list-style-type: none"> Arranges and supervises structured daily routines for the child that include recreational and leisure-time activities. Ensures the activities are designed to meet the child's therapeutic, developmental, and medical needs. Documents the daily routine and the recreational and leisure-time activities the child participated in. Allows enough flexibility in the daily routine and activities for the child to manage their time based on individual goals. Provides activities that are modified to meet any restrictions or limitations because of a child's developmental

Service Level	Recreation Requirements
	disability, intellectual disabilities, or medical condition.
Specialized Service Level	<p>In addition to the recreation and leisure-time services required at the Moderate Service Level, the caregiver:</p> <ul style="list-style-type: none"> • Designs the structured daily routine and the recreational and leisure-time. • Activities to address the child's needs. • Documents the therapeutic value of each activity based on the Child's Plan of Service (CPOS). • Ensures medical and physical supports, if necessary, for a child with primary medical or habilitative needs during recreational and leisure-time activities.
Intense Service Level	<p>In addition to the recreation and leisure-time services required at the Specialized Service Level, the caregiver provides:</p> <ul style="list-style-type: none"> • An individualized plan designed by an interdisciplinary team of professionals who are qualified to address the child's individual needs. The individual recreation plan must specify the structured daily routine and the recreational and leisure-time activities and must be included in the Child's Plan of Service. • One-to-one medical and physical supports, if necessary, for a child with primary medical or habilitative needs during recreational and leisure-time activities.

Service Level	Recreation Requirements
Intense-Plus Service Level	<p>In addition to the recreation and leisure-time services required at the Intense Service Level, the caregiver must ensure :</p> <ul style="list-style-type: none"> • The child receives supervision as necessary for all recreational activities that provide a structured daily routine, including recreation and leisure time activities that are included in the Child's Plan of Service (CPOS) . • The approved individualized supervision plan addresses on and off-site recreation/leisure activity monitoring requirements. • The individual recreation plan must specify the structured daily routine and the recreational and leisure-time activities and must be included in the CPOS. The plan should include, if appropriate, integrating child/youth with normal milieu group activities.

Education

Children at the Basic, Moderate, Specialized, Intense and Intense Plus Service Levels need:

- A public school accredited by the Texas Education Agency (TEA);
- A special "non-public school" with an educational program approved by TEA;
- A private or other non-public school accredited under the requirements of the Texas Private School Accreditation Commission (TPSAC); or
- A private or other non-public school that has applied for accreditation under the requirements of TPSAC.

Service Level	Education Requirements
Basic Service Level	The caregiver ensures access to a free and appropriate education within the limits of state and federal law.

Service Level	Education Requirements
	<p>The caregiver provides reasonable support and assistance for each child who qualifies as a special education student under the Individuals with Disabilities Education Act, to ensure that the appropriate educational and related services are available in the least restrictive environment appropriate, including Early Childhood Intervention. This may include participation in the Admission, Review and Dismissal Committee to develop the Individual Education Plan explaining how the student will be educated.</p>
Moderate Service Level	<p>In addition to the educational services required at the Basic Service Level, the caregiver provides additional structure and educational support.</p>
Specialized Service Level	<p>In addition to the educational services required at the Moderate Service Level, the caregiver must:</p> <ul style="list-style-type: none"> • Coordinate the child's educational and related services with the Child's Plan of Service (CPOS) and document their consistency. • Designate a liaison with the child's school. • Document the liaison's involvement in the child's education. • Document a written description of the relationship between the provider and the school district, or a written agreement between the provider and the school district, outlining the responsibilities of each party,

Service Level	Education Requirements
	including procedures for resolving conflicts.
Intense Service Level	In addition to the educational services required at the Specialized Service Level, one-to-one support, as appropriate, is provided by caregivers who are trained to deal with the child's special needs and to encourage the child to participate in the education process.
Intense-Plus Service Level	<p>In addition to the educational services required at the Intense Service Level:</p> <ul style="list-style-type: none"> • The Child's Plan of Service (CPOS) supervision needs, or recommended interventions.

Service Plans

Service Level	Service Plan Requirements
Basic Service Level	<p>A service plan (Child's Plan of Service) must:</p> <ul style="list-style-type: none"> • Be developed within 45 calendar days of the child's admission. • Be based on the child's permanency plan. • Identify strengths. • Integrate trauma informed care • Document strategies to address the child's: <ul style="list-style-type: none"> • Medical and dental needs. • Developmental, educational, and vocational needs, including life skills appropriate to the child's age and development. • Family contact needs. • Social needs. • Emotional needs. <p>The caregiver and the child, as appropriate, actively participate in the development, implementation, and periodic reviews of the CPOS.</p> <p>The provider must periodically review service plans according to the appropriate licensing standard per 40 TAC §749.1331 and 40 TAC §748.1381.</p>
Moderate Service Level	<p>In addition to the service plan requirements at the Basic Service Level, the provider must:</p> <ul style="list-style-type: none"> • Have a case manager to coordinate implementation of the service plan. • Develop within 45 calendar days of the child's admission a service plan based on the diagnostic needs assessment for each child. This plan must include: <ul style="list-style-type: none"> • The estimated length of time the child will remain in care.

Service Level	Service Plan Requirements
	<ul style="list-style-type: none"> • A description of the goals of service. • Specific instructions for caregivers. • A transition plan into adult and independence. • Documentation of: <ul style="list-style-type: none"> • The plan having been shared with the child and the child's parents or managing conservator. • The child's care to date. • Review a service plan by: <ul style="list-style-type: none"> • Evaluating the services provided to date to the child in each domain or function. • Identifying any additional need that has arisen since the previous service plan was developed.
Specialized Service Level	<p>In addition to the service plan requirements at the Moderate Service Level:</p> <ul style="list-style-type: none"> • An initial service plan for each child is developed within 72 hours of the child's admission. • The diagnostic needs assessment and service plan for each child are developed by an interdisciplinary team or a full-time staff member with: • Three years of experience in treating children with similar characteristics. • A master's degree in a mental health field from an accredited college or university. • A therapist or counselor license or a professional medical license.
Intense Service Level	<p>In addition to the service plan requirement at the Specialized Service Level, the provider must expand the service plan to cover all of the child's waking hours and include a description of:</p> <ul style="list-style-type: none"> • The emotional, behavioral, and physical conditions that require the Intense Service Level. • The emotional, behavioral, and physical conditions the child must

Service Level	Service Plan Requirements
	<p>achieve and maintain to be assigned to a lower service level.</p> <ul style="list-style-type: none"> • The special treatment program and other services and activities that are planned to help the child achieve and maintain a condition allowing a lower service level. • The criteria for reevaluating the child's condition after 90 days and deciding whether to: <ul style="list-style-type: none"> • Continue the placement at the Intense Service Level. • Continue the placement at a lower service level. • Transfer the child to a less restrictive setting. • Refer the child to an inpatient hospital. <p>The provider must ensure that an interdisciplinary team of professionals develop, review, and supervise each child's service plan.</p>
Intense-Plus Service Level	<p>In addition to the service plan requirement at the Intense Service Level, the provider must:</p> <ul style="list-style-type: none"> • Staff the child's case with the interdisciplinary team at a minimum of twice a month to assess status and progress in treatment. • Changes to the Child's Plan of Service (CPOS) will be updated as needed as a result of the staffing and shared with staff working with the child/youth. • The CPOS will include documentation of the child's progress and the goals to be achieved to be assigned a lower service level.

Service Level	Service Plan Requirements
	<ul style="list-style-type: none"> • The CPOS will include discharge planning that has recommendations for continued treatment. • The provider will be available to the next receiving provider for post discharge aftercare support which may include therapeutic consultation.

Training

Service Level	Training Requirements
Basic Service Level	<ul style="list-style-type: none"> • Each family unit must receive at least 20 hours of training every year to help them understand the needs and characteristics of children in care, provide the care and emotional support that children need, and appropriately manage children's behavior. • Initial first-aid and cardiopulmonary resuscitation training cannot be counted toward meeting this annual training requirement. However, hours earned renewing first-aid and cardiopulmonary resuscitation training may be counted toward the annual requirement.
Moderate Service Level	<p>In addition to the training requirements at the Basic Service Level, each caregiver must receive pre-service training in areas appropriate to the needs and characteristics of children in care. Thirty (30) hours per caregiver of annual training are required at the Moderate Service Level. These</p>

Service Level	Training Requirements
	<p>hours of training must help the caregiver understand the provider's therapeutic and habilitative treatment modalities, service programming, and behavior management programs.</p> <p>All caregivers who administer psychotropic medications must receive training on psychotropic medications. A licensed physician, a registered nurse, or a pharmacist must conduct training on psychotropic medication. After the psychotropic medication training, the trainer assesses each participant to ensure that the participant has learned the course content. The training course provided to caregivers must include:</p> <ul style="list-style-type: none"> • Identifying psychotropic medications; • Basic pharmacology (the actions, side effects, and possible adverse reactions regarding various medications); • Techniques and methods of administering medications; and • Related policies and procedures. <p>The training received on psychotropic medication may be counted toward the annual training requirement. A provider is exempt from this training requirement if the provider has a written policy statement specifying that the provider does not accept or maintain children on psychotropic medications.</p>
Specialized and Intense Service Level	In addition to the training requirements at the Moderate

Service Level	Training Requirements
	<p>Service Level, new caregivers without previous experience in residential childcare may not be assigned sole responsibility for any child until the new caregiver has been supervised for at least 40 hours while conducting direct childcare duties. An experienced caregiver must be physically available to each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised childcare experience of every caregiver who provides direct care to children.</p> <p>All caregivers, except caregivers in foster homes verified by child-placing agencies, must receive 50 hours of training each year.</p> <p>Caregivers in foster homes verified by child-placing agencies must meet the following requirements:</p> <ul style="list-style-type: none"> • For homes with two or more caregivers, each caregiver must receive at least 30 hours of training. • For homes with one caregiver, the caregiver must receive at least 50 hours of training.
Intense-Plus Service Level	<p>In addition to the training requirements at the Specialized and Intense Service Levels:</p> <ul style="list-style-type: none"> • Provider will identify their process for providing instruction to assigned staff who will be responsible for individualized therapeutic interventions.

Personnel

Service Level	Training Requirements
Basic Service Level	Providers must ensure that all caregivers and staff members meet all appropriate licensing and contract requirements.
Moderate Service Level	<p>In addition to the personnel requirements at the Basic Service Level, the provider must also meet the following requirements:</p> <ul style="list-style-type: none"> • The staff includes at least one case manager. • The casework and clinical supervisory staff have at least one year of experience in providing services to children who have been removed from their homes. • Each staff member with primary administrative and clinical responsibility for managing the therapeutic interventions and programs: <ul style="list-style-type: none"> • Is a psychiatrist. • Is a psychologist. • Has a master's degree in social work or another field of human services, and is an appropriately licensed and qualified paraprofessional or professional under the program model governing the provider's therapeutic interventions and treatments. • Has a bachelor's degree in social work or another field of human services, and at least three years of experience in providing care to children who have been removed from their homes. • Has a bachelor's degree in a field other than human services, and at least five years of experience in providing care to children who have been removed from their homes, including at least two years of clinical supervisory experience. • Professional therapists, or paraprofessional staff under the direct

Service Level	Training Requirements
	<p>supervision of professional therapists, conduct interventions, such as individual, group, and family therapy.</p> <ul style="list-style-type: none"> • The provider documents the treatment-plan strategies developed for, and the hours of therapeutic services and types of intervention provided to, the children in care. • The provider documents the number of paraprofessional or professional staff scheduled to provide therapeutic interactions. • The provider has enough appropriately qualified paraprofessional or professional staff available on a full-time, part-time, or consulting basis to assess and address the needs of all the children in care. • The provider has a professional-staffing plan that: includes a detailed description of the qualifications, responsibilities, and authority of every paraprofessional or professional position; indicates whether each such position is filled on a full-time, part-time, or consulting basis; and specifies the frequency and hours of service for each position. • The provider has ensured that the professional-staffing plan assigns responsibilities for conducting diagnostic assessments, developing and reviewing the Child's Plan of Service (CPOS), and providing treatment services.
Specialized and Intense Service Level	<p>In addition to the personnel requirements at the Moderate Service Level, the provider arranges for interventions such as individual, group, and family therapy to be conducted by professional therapists; or behavior or medical intervention as directed by the CPOS.</p>

Service Level	Training Requirements
	<p>In addition to the personnel requirements at the Specialized Service Level,</p> <ul style="list-style-type: none"> • The provider ensures that a physician recommends and approves services at the time of the initial diagnosis and at each review. • The individual treatment program is developed by an interdisciplinary team to address the child's intense needs.
Intense-Plus Service Level	<p>In addition to the personnel requirements at the Intense Service Level, staff working directly with a child/youth at the Intense Plus Service Level must be knowledgeable of the child/youth's therapeutic needs, and instructed on their therapeutic interventions as outlined in the individualized CPOS as developed and monitored by the interdisciplinary team.</p>

Obtaining an Initial Service Level Authorization (ASL)

See [4422](#) Obtaining an Initial Authorized Service Level (ASL).

The initial service level is for children who are in DFPS conservatorship for the first time. The provider's request must include the following forms and documentation:

- Form 2089 Service Level authorization form (IMPACT path – Child's subcare (SUB) stage, select placement tab, select service level tab)
- [Form 2087 Application for Placement](#)
- For children with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months, are required on initial service level authorizations.
- For children with primary medical needs: An evaluation by a physician (MD), physician's assistant, or
- Nurse practitioner, describing medical conditions or disabilities.
- (Optional) Information describing any extenuating circumstances, incident reports, and so on.

Retroactive Service Level Authorization

See [4425](#) Retroactive Service Level Authorization.

Obtaining a Retroactive Service Level:

To start an initial service level authorization, the CPA or the CPS caseworker must submit a complete packet within the first 45 days of admitting the child to the foster home.

To enable the Third Party Contractor to process the initial service level, the CPA must submit the following documentation:

- Service Level Authorization Request Form 2089c from the provider or the 2089 from the caseworker (must include Person Identification Number).
- Application for placement completed by the Child Placing Agency or by the caseworker.
- For children with emotional disturbance: Psychological or psychiatric evaluations, completed within 14 months, are required on initial service authorizations.
- For children with primary medical needs: An evaluation by a physician (MD), physician's assistant, or nurse practitioner, describing medical conditions or disabilities.
- (Optional) Information describing any extenuating circumstances, incident reports, and so on the provider may access Forms 2089c and Form 2087 by visiting the [Youth for Tomorrow](#) web site.

Appealing Disagreements with ASL

See [4435](#) Appealing Disagreements With ASLs.

If a residential child care provider or CPS caseworker disagrees with the service level determination by the Third Party Contractor and the residential child care provider or CPS caseworker chooses to appeal the determination, the residential child care provider or CPS caseworker must use the administrative and peer review processes through the Third Party Contractor. The Third Party Contractor's Web site outlines these processes.

The first step in the appeals process is for the facility's clinical director to request an administrative review. The facility must make the request in writing within 10 days of receiving the completed ASL.

If the facility disagrees with the results of the administrative review the facility may submit a written request to the Third Party Contractor, requesting that the Service Level Peer Review Committee examine the documentation presented to the Third Party Contractor during the utilization review (UR). The facility must submit the written request for a committee review no more than five days following the Third Party Contractor's administrative review.